mailed 9/26/24

STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

1. TITLE OF NEWSPAPER Yankton County Observer		2. DATE 9/26/24
3. FREQUENCY OF ISSUE Weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY 52	3B. ANNUAL SUBSCRIPTION PRICE $ 35 in state / 845 out
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) 308 Douglas Avenue Yankton SD 57078		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) 308 Douglas Avenue Yankton SD 57078		
6. FULL NAME OF PUBLISHER: Kathy Church		

7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.

FULL NAME	COMPLETE MAILING ADDRESS
Kathy Church	308 Douglas Ave Yankton SD 57078

8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	1500	1500
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors, and counter sales.	75	75
2. Mail Subscription (Paid and or requested)	1320	1290
3. Paid Electronic Copies	60	60
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	1455	1425
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	-	-
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	20	20
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	1475	1445
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	25	55
2. Return from News Agents	-	-
G. TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.)	1500	1500

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:

(Signature) _____ (Title) _____

State of South Dakota)
§
County of Yankton)

(Seal)

Sworn to before me this 26 day of Sept, 2024

Kathy Church
Notary Public

My commission expires: 10/18/24

Form: SOS REC 051 9/2016